Filing Company: State Life Insurance Company State Tracking Number:

Company Tracking Number: 1-23636

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Filing at a Glance

Company: State Life Insurance Company

Product Name: Asset Care III Hour Glass SERFF Tr Num: AULD-128037740 State: Arkansas

Worksheet

TOI: L07I Individual Life - Whole SERFF Status: Closed-Filed-State Tr Num:

Closed

Sub-TOI: L07I.101 Fixed/Indeterminate Co Tr Num: I-23636 State Status: Approved-Closed

Premium - Single Life

Filing Type: Form Reviewer(s): Linda Bird

Author: Ann Smith Disposition Date: 02/02/2012

Date Submitted: 01/27/2012 Disposition Status: Filed-Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Asset Care III Hour Glass Worksheet Status of Filing in Domicile: Pending

Project Number: I-23636

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Market Type: Individual

Explanation for Combination/Other: Market Type: Individual Submission Type: New Submission Individual Market Type:

Overall Rate Impact: Filing Status Changed: 02/02/2012
State Status Changed: 02/02/2012

Deemer Date: Created By: Ann Smith

Submitted By: Ann Smith Corresponding Filing Tracking Number:

Filing Description:

RE: The State Life Insurance Company FEIN: 35-0684263 NAIC: 69116 Invitation to Inquire - Advertising Form:

I-23636 Asset-Care III - Hour Glass Worksheet

The above referenced advertisement is being submitted for your review and approval. This form is new and does not replace any form currently in use by our company.

Filing Company: State Life Insurance Company State Tracking Number:

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Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Our brokers will use this advertisement with prospective clients for State Life's Asset Care form number L301, (whole life with long term care provisions) approved by your department on March 8, 2006; R518, Caregiver/Equipment Rider approved by your department on January 7, 2008 (SERFF AULD-125411699); and Inflation Protection Rider, form number R519 approved by your Department on July 16, 2008 (SERFF AULD-125734674).

This advertising piece is pending approval from our domiciliary state of Indiana.

State Life has reviewed the form and believes, to the best of its knowledge, the form is both consistent with the laws and regulations of your state and in compliance with those laws and regulations. The form contains no unusual or possibly controversial items deviating from normal company or industry standards.

Company and Contact

Filing Contact Information

Ann Smith, Sr. Contract Analyst Ann.Smith@oneamerica.com

One American Square 317-285-4223 [Phone]

Indianapolis, IN 46206

Filing Company Information

State Life Insurance Company CoCode: 69116 State of Domicile: Indiana

One American Square Group Code: 619 Company Type:

P.O. Box 406 Group Name: State ID Number:

Indianapolis, IN 46206 FEIN Number: 35-0684263

(877) 285-7660 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00

Retaliatory? No Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

State Life Insurance Company \$50.00 01/27/2012 55874620

Filing Company: State Life Insurance Company State Tracking Number:

Company Tracking Number: 1-23636

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Correspondence Summary

Dispositions

StatusCreated ByCreated OnDate SubmittedFiled-ClosedLinda Bird02/02/201202/02/2012

Filing Company: State Life Insurance Company State Tracking Number:

Company Tracking Number: 1-23636

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Disposition

Disposition Date: 02/02/2012

Implementation Date: Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

Filing Company: State Life Insurance Company State Tracking Number:

Company Tracking Number: I-23636

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Schedule Item Schedule Item Status Public Access

Supporting DocumentFlesch CertificationNoSupporting DocumentApplicationNoSupporting DocumentLife & Annuity - Acturial MemoNoFormAsset Care III Hour Glass WorksheetYes

Filing Company: State Life Insurance Company State Tracking Number:

Company Tracking Number: 1-23636

TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Form Schedule

Lead Form Number: I-23636

Schedule	Form	Form Type Form Name	Action	Action Specific	Readability	Attachment
Item	Number			Data		
Status						
	I-23636	Advertising Asset Care III Hour	Initial		0.000	I-
		Glass Worksheet				23636_Asset-
						Care_III_hour
						_glass_works
						heet_PRESS
						_011112.pdf





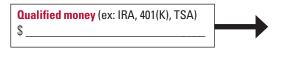
How Asset-Care® III works

Single premium (transfer or rollover): ___ Long-term care acceleration option:

End of policy year 1

End of policy year 10

End of policy year 20

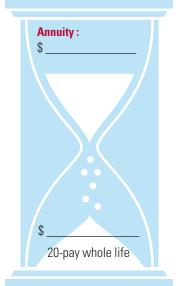


Annual annuity withdrawal funds 20-pay life policy. Guaranteed to satisfy RMD. Annuity: 20-pay whole life

Total death benefit:

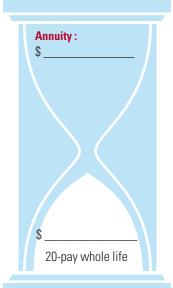
Monthly LTC benefit:

Notes: Asset-Care is underwritten and issued by The State Life Insurance Company, Indianapolis, Indiana. Policy Forms: L301, SA31, R501, R518 and R519 (or state variation). All guarantees are subject to the claims paying ability of State Life. Products not available in all states or may vary by state.



Total death benefit:

Monthly LTC benefit:



Total death benefit:

Monthly LTC benefit:

NOT A NOT FDIC OR NCUSIF INSURED	NOT GUARANTEED BY	NOT INSURED BY ANY FEDERAL	MAY GO DOWN
	THE INSTITUTION	GOVERNMENT AGENCY	IN VALUE

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Products and financial services provided by

Filing Company: State Life Insurance Company State Tracking Number:

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TOI: L071 Individual Life - Whole Sub-TOI: L071.101 Fixed/Indeterminate Premium - Single

Life

Product Name: Asset Care III Hour Glass Worksheet

Project Name/Number: Asset Care III Hour Glass Worksheet/I-23636

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification

Bypass Reason: We believe this requirement is not applicable to this advertising filing.

Comments:

Item Status: Status

Date:

Bypassed - Item: Application

Bypass Reason: We believe this requirement is not applicable to this advertising filing.

Comments:

Item Status: Status

Date:

Bypassed - Item: Life & Annuity - Acturial Memo

Bypass Reason: We believe this requirement is not applicable to this advertising filing.

Comments: